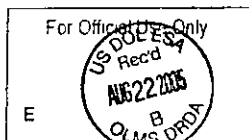


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 22027	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name CECIL D. LAMB P.O. Box, Bldg., Room No., if any Street 8123 Thompson City Highlands State TX ZIP Code + 4 77562	4. Name, file number, and address of labor organization Name Plumbers Local Union #68 Labor Organization File Number 039449 P.O. Box, Building and Room Number, if any P.O. Box 8746 Street SOZ Link Road City Houston State TEXAS ZIP Code + 4 77249-8746
5. Position in labor organization Community Services Committeeman	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6. Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income. 7 b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/12/05

Date

832/262/0159

Telephone Number

Name of Person Filing CECIL LAMB	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name Plumbers Local Union #68 Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 8746 Street 502 Link Road City Houston State TEXAS ZIP Code + 4 77249-8746	9 Business deals with a. Labor Organization <input checked="" type="radio"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name HAPJAC Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 8653 Street 454 Link Rd. City Houston State TEXAS ZIP Code + 4 77249-8653	11 a. Nature of such dealing 1-6-04 REIMBURSEMENT U.A. Training \$82.00 4-29-04 A.S.E. Membership \$85.00 5-19-04 Acc. Dental Insurance \$9.00 11 b. Approximate dollar value of such dealing 12 a. Nature of interest held or income received 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14 a. Nature of payment 14 b. Amount of payment
13 b. Is the Business an Employer or Consultant?	14 b. Amount of payment